
State: Arkansas **Filing Company:** Columbia Mutual Insurance Company
TOI/Sub-TOI: 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: Revised Rates / 2014 Model Year Factor /

Filing at a Glance

Company: Columbia Mutual Insurance Company
Product Name: Personal Automobile
State: Arkansas
TOI: 19.0 Personal Auto
Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Filing Type: Rate
Date Submitted: 08/13/2012
SERFF Tr Num: CLBA-128635146
SERFF Status: Closed-Filed
State Tr Num:
State Status:
Co Tr Num: CMI-PAP-12-R01

Effective Date: 10/01/2012
Requested (New):
Effective Date: 12/01/2012
Requested (Renewal):
Author(s): Dennis McVay, Christina Walker, DeeDee Williams, Erika Rice
Reviewer(s): Alexa Grissom (primary)
Disposition Date: 08/23/2012
Disposition Status: Filed
Effective Date (New): 10/01/2012
Effective Date (Renewal): 12/01/2012

State Filing Description:

State: Arkansas
TOI/Sub-TOI: 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: Revised Rates / 2014 Model Year Factor /

Filing Company: Columbia Mutual Insurance Company

General Information

Project Name: Revised Rates / 2014 Model Year Factor

Project Number:

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 08/23/2012

State Status Changed:

Created By: DeeDee Williams

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

Submitted By: DeeDee Williams

Filing Description:

We are revising manual page R-1, as well as Supplemental R-1/Supplemental R-6, which we propose to use in our AU Personal Auto Policy Program. Please note the following changes:

1. Revised base rates for BI, PD, Med Pay, Comp and Collision in all territories.
2. Updated BI / PD and Med Pay increased limits to current ISO.
3. Added 2014 model year factor.

The overall effect of all changes is an increase of 10.0%.

Company and Contact

Filing Contact Information

DeeDee Williams, Asst. Analyst

2102 White Gate Drive

P O Box 618

Columbia, MO 65205

dwilliams@colinsgrp.com

573-474-6193 [Phone] 1261 [Ext]

800-836-5713 [FAX]

Filing Company Information

Columbia Mutual Insurance

Company

2102 White Gate Drive

P O Box 618

Columbia, MO 65205

(573) 474-6193 ext. [Phone]

CoCode: 40371

Group Code: 807

Group Name: Columbia Insurance

Group

FEIN Number: 43-0790393

State of Domicile: Missouri

Company Type: P&C

State ID Number: 03

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking #: CLBA-128635146

State Tracking #:

Company Tracking #: CMI-PAP-12-R01

State: Arkansas

Filing Company: Columbia Mutual Insurance Company

TOI/Sub-TOI: 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)

Product Name: Personal Automobile

Project Name/Number: Revised Rates / 2014 Model Year Factor /

Company	Amount	Date Processed	Transaction #
Columbia Mutual Insurance Company	\$100.00	08/13/2012	61629088

State:	Arkansas	Filing Company:	Columbia Mutual Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)		
Product Name:	Personal Automobile		
Project Name/Number:	Revised Rates / 2014 Model Year Factor /		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	08/23/2012	08/23/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Alexa Grissom	08/16/2012	08/16/2012

Response Letters

Responded By	Created On	Date Submitted
DeeDee Williams	08/21/2012	08/21/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	NAIC loss cost data entry document	DeeDee Williams	08/13/2012	08/13/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Revised Rates	Note To Reviewer	DeeDee Williams	08/13/2012	08/13/2012
Incorrect overall effect	Note To Reviewer	DeeDee Williams	08/13/2012	08/13/2012

State: Arkansas

TOI/Sub-TOI: 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)

Product Name: Personal Automobile

Project Name/Number: Revised Rates / 2014 Model Year Factor /

Filing Company:

Columbia Mutual Insurance Company

Disposition

Disposition Date: 08/23/2012

Effective Date (New): 10/01/2012

Effective Date (Renewal): 12/01/2012

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Columbia Mutual Insurance Company	3.700%	10.000%	\$1,364,852	12,942	\$13,648,517	29.000%	-0.700%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document (revised)	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document (revised)	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Side by Side Comparison Rate Pages	Filed	Yes
Supporting Document	Marked up manual page R-1	Filed	Yes
Supporting Document	Actuarial Exhibit Review	Filed	Yes
Rate	Revised manual page	Filed	Yes
Rate	Revised supplemental pages	Filed	Yes

State: Arkansas **Filing Company:** Columbia Mutual Insurance Company
TOI/Sub-TOI: 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: Revised Rates / 2014 Model Year Factor /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/16/2012
Submitted Date	08/16/2012
Respond By Date	

Dear DeeDee Williams,

Introduction:

This will acknowledge receipt of the captioned filing. The APCS must be resubmitted with the updated vehicle list. Additionally, individual increases should be capped at 20 percent. Please amend the Rf-1 accordingly.

Conclusion:

NOTICE regarding, corrections to filings and scrivener's Errors:

Effective for all filings made on or after June 1, 2011, Arkansas no longer allows the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

Sincerely,

Alexa Grissom

SERFF Tracking #:	CLBA-128635146	State Tracking #:		Company Tracking #:	CMI-PAP-12-R01
State:	Arkansas	Filing Company:	Columbia Mutual Insurance Company		
TOI/Sub-TOI:	19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)				
Product Name:	Personal Automobile				
Project Name/Number:	Revised Rates / 2014 Model Year Factor /				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/21/2012
Submitted Date	08/21/2012

Dear Alexa Grissom,

Introduction:

Response 1

Comments:

Please find attached the current APCS form, as well as a corrected RF-1 form. Please note that our actuary found an error in the initial maximum rate increase and decrease on lines 9 and 10 which actually addresses your previous concern.

I apologize for any inconvenience. Thank you.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: APCS-Auto Premium Comparison Survey
Comment:
Satisfied -Name: NAIC loss cost data entry document
Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

DeeDee Williams

SERFF Tracking #:	CLBA-128635146	State Tracking #:		Company Tracking #:	CMI-PAP-12-R01
<hr/>					
State:	Arkansas	Filing Company:	Columbia Mutual Insurance Company		
TOI/Sub-TOI:	19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)				
Product Name:	Personal Automobile				
Project Name/Number:	Revised Rates / 2014 Model Year Factor /				

Amendment Letter

Submitted Date: 08/13/2012

Comments:

Attached is a corrected RF-1 showing a 3.7% increase.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: NAIC loss cost data entry document

Comment:

RF-1 Form.pdf

State: Arkansas**Filing Company:** Columbia Mutual Insurance Company**TOI/Sub-TOI:** 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)**Product Name:** Personal Automobile**Project Name/Number:** Revised Rates / 2014 Model Year Factor /

Note To Reviewer

Created By:

DeeDee Williams on 08/13/2012 02:26 PM

Last Edited By:

Alexa Grissom

Submitted On:

08/23/2012 10:00 AM

Subject:

Revised Rates

Comments:

Please note that we revised base rates for BI, PD, Med Pay and Collision in all territories. We did not revise any rates for comp as previously mentioned. This was an error. We also revised UMPD to \$13 in all territories. We apologize for any inconvenience. Thank you.

State: Arkansas**Filing Company:** Columbia Mutual Insurance Company**TOI/Sub-TOI:** 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)**Product Name:** Personal Automobile**Project Name/Number:** Revised Rates / 2014 Model Year Factor /

Note To Reviewer

Created By:

DeeDee Williams on 08/13/2012 02:16 PM

Last Edited By:

Alexa Grissom

Submitted On:

08/23/2012 10:00 AM

Subject:

Incorrect overall effect

Comments:

Please note that we gave you an incorrect overall effect of a +10.0%. It should be an overall effect of +3.7%. We are submitting a post submission update to correct this error. I apologize for any inconvenience. Thank you.

State: Arkansas **Filing Company:** Columbia Mutual Insurance Company
TOI/Sub-TOI: 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: Revised Rates / 2014 Model Year Factor /

Post Submission Update Request Submitted On 08/13/2012

Status: Submitted
Created By: DeeDee Williams

General Information:

Field Name	Requested Change	Prior Value
Project Number		
Domicile Status Comments		
Corresponding Filing Tracking Number		

Company Rate Information:

Company Name:Columbia Mutual Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	3.700%	10.000%
Written Premium Change for this Program	\$504995	\$1364852

State:	Arkansas	Filing Company:	Columbia Mutual Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)		
Product Name:	Personal Automobile		
Project Name/Number:	Revised Rates / 2014 Model Year Factor /		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	-3.050%
Effective Date of Last Rate Revision:	11/01/2011
Filing Method of Last Filing:	File and Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Columbia Mutual Insurance Company	3.700%	10.000%	\$1,364,852	12,942	\$13,648,517	29.000%	-0.700%

State:	Arkansas	Filing Company:	Columbia Mutual Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)		
Product Name:	Personal Automobile		
Project Name/Number:	Revised Rates / 2014 Model Year Factor /		

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1	Filed 08/23/2012	Revised manual page	R-1	Replacement		R-1.pdf
2	Filed 08/23/2012	Revised supplemental pages	Supplemental R-1 thru R-6	Replacement		Supplemental R-1 thru R-6.pdf

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

OPTIONS/INCREASED LIMITS FACTORS

MISCELLANEOUS OPTIONS FACTORS

DEDUCTIBLES

1. Deductible Liability insurance is not available for automobiles classified and rated in accordance with the rules of this manual.
2. Comprehensive Deductibles:
 - \$ 100 Deductible = 1.00 of the \$100 Deductible Comprehensive Premium
 - \$ 250 Deductible = .83 of the \$100 Deductible Comprehensive Premium
 - \$ 500 Deductible = .66 of the \$100 Deductible Comprehensive Premium
 - \$1,000 Deductible = .49 of the \$100 Deductible Comprehensive Premium
 - \$2,500 Deductible = .45 of the \$100 Deductible Comprehensive Premium
3. Collision Deductibles:
 - \$ 250 Deductible = 1.00 of the \$250 Deductible Collision Premium
 - \$ 500 Deductible = .91 of the \$250 Deductible Collision Premium
 - \$1,000 Deductible = .76 of the \$250 Deductible Collision Premium
 - \$2,500 Deductible = .60 of the \$250 Deductible Collision Premium

BODILY INJURY AND PROPERTY DAMAGE LIABILITY

INCREASED LIMITS

For higher limits, multiply the 25,000/50,000 BI and 25,000 PD premiums for the applicable territory times the factor shown for the desired limit. The minimum split liability limits that satisfy Arkansas financial responsibility requirements are \$25,000/50,000/25,000.

<u>BODILY INJURY</u>			<u>SPLIT LIMITS</u>			<u>PROPERTY DAMAGE</u>		
25,000/50,000	-	1.00				25,000	-	1.12
50,000/100,000	-	1.27				50,000	-	1.19
100,000/200,000	-	1.58				100,000	-	1.25
100,000/300,000	-	1.59				250,000	-	1.34
250,000/500,000	-	2.05						

<u>UNINSURED MOTORISTS-BI</u>			<u>UNINSURED MOTORISTS-PD</u>			<u>UNDERINSURED MOTORISTS</u>		
	Single	Multi		Single	Multi		Single	Multi
25/50	1.00	0.80	25	1.00	0.80	25/50	1.00	0.80
50/100	1.25	1.00	50	1.10	0.88	50/100	1.20	0.96
100/200	1.60	1.28	100	1.20	0.96	100/200	1.90	1.52
100/300	1.75	1.40				100/300	2.00	1.60
250/500	2.00	1.60				250/500	2.40	1.92

MEDICAL PAY

<u>INCREASED LIMITS</u>	
\$2,000	1.70
\$5,000	2.70
\$10,000	3.46
\$25,000	4.52

ARKANSAS
PRIVATE PASSENGER AUTO
SEMI-ANNUAL KEY PREMIUMS

LIABILITY

Territory	\$25,000/50,000 Bodily Injury Liability	\$25,000 Property Damage Liability
1	124	145
3	82	113
5	93	121
6	94	129
8	83	104
9	81	103
10	82	109
11	78	94

ARKANSAS
PRIVATE PASSENGER AUTO
SEMI-ANNUAL KEY PREMIUMS

COMPREHENSIVE AND COLLISION

Symbol 7 - 1989 and Prior Model Years
Symbol 2 - 1990 and Subsequent Model Years

Territory	\$100 Deductible Comprehensive	\$250 Deductible Collision
1	175	343
3	186	272
5	257	311
6	173	282
8	235	305
9	233	310
10	143	264
11	200	291

ARKANSAS
PRIVATE PASSENGER AUTO
SEMI-ANNUAL KEY PREMIUMS

MISCELLANEOUS COVERAGES

Territory	Med Pay \$1,000	UM-BI 25/50	UM-PD 25	UIM 25/50	Acc Death \$5,000	Work Loss	Road Asst 15/\$50	Rental Reimb \$30/\$900
1	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
3	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
5	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
6	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
8	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
9	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
10	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
11	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27

Med Pay Factors		Uninsured Motorists Factors				Underinsured Motorists Factors			
		BI		PD					
		Single	Multi	Single	Multi				
\$ 2,000	1.7	25/50	1.00	0.80	1.00	0.80	25/50	1.00	0.80
\$ 5,000	2.7	50/100	1.25	1.00	1.10	0.88	50/100	1.20	0.96
\$ 10,000	3.46	100/200	1.60	1.28	1.20	0.96	100/200	1.90	1.52
\$ 25,000	4.52	100/300	1.75	1.40			100/300	2.00	1.60
\$ 50,000	5.26	250/500	2.00	1.60			250/500	2.40	1.92
\$ 75,000	5.5								
\$ 100,000	5.58								
Roadside Assist Factors		Rental Reimb Factors							
15/\$50	1.00	\$20/\$600	N/A						
35/\$100	1.57	\$30/\$900	1.00						
35/\$200	2.85	\$40/\$1200	1.19						
		\$50/\$1500	1.37						

ARKANSAS
PRIVATE PASSENGER AUTO
21 SYMBOL TABLE
OF
PHYSICAL DAMAGE RELATIVITY
FOR
1989 AND PRIOR MODEL YEARS

Model Year	Comprehensive Factor	Collision Factor	Symbol	\$100 Deductible Comprehensive Factor	\$250 Deductible Collision Factor
All	.51	.42	1-4	.21	.42
			5	.25	.52
			6	.38	.62
			7	.49	.70
			8	.64	.80
			10	.80	.88
			11	.96	.97
			12	1.14	1.07
			13	1.37	1.18
			14	1.64	1.32
			15	1.95	1.48
			16	2.27	1.65
			17	2.64	1.80
			18	3.06	1.94
			19	3.55	2.11
			20	4.14	2.32
			21	5.17	2.71

NOTE: Base Premium = Symbol Factor X Key Premium (Rounded) X Model Year Factor (Rounded).
Rounding is to three (3) decimals.

ARKANSAS
PRIVATE PASSENGER AUTO
27 SYMBOL TABLE
OF
PHYSICAL DAMAGE RELATIVITY
FOR
1990 THROUGH 2010 MODEL YEARS

Model Year	Comprehensive Factor	Collision Factor	Symbol	\$100 Deductible Comprehensive Factor	\$250 Deductible Collision Factor
2010	1.00	1.00	1	.38	.62
2009	.95	.95	2	.49	.70
2008	.90	.90	3	.59	.77
2007	.86	.86	4	.67	.82
2006	.82	.82	5	.75	.86
2005	.78	.77	6	.84	.90
2004	.74	.72	7	.92	.95
2003	.70	.68	8	1.00	1.00
2002	.66	.62	10	1.09	1.05
2001	.63	.57	11	1.20	1.10
2000	.61	.54	12	1.31	1.15
1999	.57	.51	13	1.43	1.21
1998	.54	.48	14	1.56	1.28
1997 - 1990	.49	.42	15	1.72	1.37
			16	1.87	1.44
			17	2.02	1.52
			18	2.16	1.60
			19	2.34	1.68
			20	2.54	1.76
			21	2.77	1.84
			22	3.06	1.94
			23	3.37	2.05
			24	3.83	2.21
			25	4.49	2.46
			26	5.17	2.71
			27	(a)	(b)

(a) Add 1.50 to symbol 26 relativity for each \$10,000 or part thereof above \$80,000.

(b) Add 0.50 to symbol 26 relativity for each \$10,000 or part thereof above \$80,000.

NOTE: Base Premium = Symbol Factor X Key Premium (Rounded) X Model Year Factor (Rounded).
Rounding is to three (3) decimals.

ARKANSAS
PRIVATE PASSENGER AUTO
27 SYMBOL TABLE
OF
PHYSICAL DAMAGE RELATIVITY
FOR
2011 MODEL YEAR AND SUBSEQUENT

Model Year	Comprehensive Factor	Collision Factor	Symbol	\$100 Deductible		\$250 Deductible		Symbol	\$100 Deductible		\$250 Deductible	
				Comprehensive Factor	Collision Factor	Comprehensive Factor	Collision Factor		Comprehensive Factor	Collision Factor	Comprehensive Factor	Collision Factor
2014	1.16	1.16	1	.31	.44			39	2.45		1.72	
2013	1.10	1.10	2	.38	.55			40	2.52		1.75	
2012	1.05	1.05	3	.47	.67			41	2.58		1.77	
2011	1.00	1.00	4	.58	.77			42	2.65		1.80	
			5	.66	.82			43	2.71		1.82	
			6	.73	.85			44	2.78		1.84	
			7	.81	.88			45	2.84		1.86	
			8	.87	.92			46	2.91		1.89	
			10	.94	.96			47	2.99		1.92	
			11	1.00	1.00			48	3.07		1.94	
			12	1.06	1.03			49	3.15		1.97	
			13	1.11	1.06			50	3.22		2.00	
			14	1.16	1.08			51	3.30		2.03	
			15	1.22	1.11			52	3.38		2.05	
			16	1.27	1.13			53	3.45		2.08	
			17	1.33	1.16			54	3.57		2.12	
			18	1.39	1.19			55	3.72		2.17	
			19	1.44	1.22			56	3.88		2.23	
			20	1.49	1.24			57	4.04		2.29	
			21	1.54	1.27			58	4.29		2.39	
			22	1.59	1.30			59	4.62		2.51	
			23	1.64	1.33			60	4.96		2.63	
			24	1.69	1.35			61	5.31		2.78	
			25	1.74	1.38			62	5.67		2.96	
			26	1.78	1.40			63	6.04		3.13	
			27	1.83	1.42			64	6.41		3.31	
			28	1.88	1.45			65	6.77		3.48	
			29	1.92	1.47			66	7.32		3.74	
			30	1.97	1.50			67	8.06		4.09	
			31	2.02	1.52			68	8.79		4.44	
			32	2.06	1.54			69	9.52		4.79	
			33	2.10	1.57			70	10.26		5.13	
			34	2.15	1.59			71	11.00		5.48	
			35	2.19	1.61			72	11.74		5.83	
			36	2.25	1.64			73	12.48		6.18	
			37	2.32	1.67			74	13.22		6.53	
			38	2.39	1.70			75	13.96		6.88	
								98	(a)		(b)	

(a) Add .74 to symbol 75 for each \$10,000 or part thereof above \$150,000.

(b) Add .35 to symbol 75 for each \$10,000 or part thereof above \$150,000.

NOTE: Base Premium = Symbol Factor X Key Premium (Rounded) X Model Year Factor (Rounded). Rounding is to three (3) decimals.

State:	Arkansas	Filing Company:	Columbia Mutual Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)		
Product Name:	Personal Automobile		
Project Name/Number:	Revised Rates / 2014 Model Year Factor /		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	A-1 Private Passenger Auto Abstract	Filed	08/23/2012
Comments:			
Attachment(s):			
A-1 Form.pdf			

		Item Status:	Status Date:
Satisfied - Item:	APCS-Auto Premium Comparison Survey	Filed	08/23/2012
Comments:			
Attachment(s):			
APCS Form.xls			
APCS Form.pdf			

		Item Status:	Status Date:
Satisfied - Item:	NAIC loss cost data entry document	Filed	08/23/2012
Comments:			
Attachment(s):			
RF-1 Form.pdf			

		Item Status:	Status Date:
Bypassed - Item:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	08/23/2012
Bypass Reason:	Not applicable.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Side by Side Comparison Rate Pages	Filed	08/23/2012
Comments:			
Attachment(s):			

State:	Arkansas	Filing Company:	Columbia Mutual Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)		
Product Name:	Personal Automobile		
Project Name/Number:	Revised Rates / 2014 Model Year Factor /		

Side by Side Comparison.pdf

		Item Status:	Status Date:
Satisfied - Item:	Marked up manual page R-1	Filed	08/23/2012
Comments:			
Attachment(s):			
Marked up manual page R-1.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Exhibit Review	Filed	08/23/2012
Comments:			
Attachment(s):			
Actuarial Exhibit Review.pdf			

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Columbia Mutual Insurance Company

NAIC # (including group #) 807-40371

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance? ☐ Yes ☒ No

If yes, list the areas:

2. Do you furnish a market for young drivers? ☒ Yes ☐ No

3. Do you require collateral business to support a youthful driver? ☐ Yes ☒ No

4. Do you insure drivers with an international or foreign driver's license? ☐ Yes ☒ No

5. Specify the percentage you allow in credit or discounts for the following:

a. Driver over 55	<u>10</u>	%
b. Good Student Discount	<u>ISO</u>	%
c. Multi-car Discount	<u>ISO</u>	%
d. Accident Free Discount*	<u>10-15</u>	%

Please Specify Qualification for Discount:

3 year without an accident = 10%

6 years without an accident = 12%; 9+ years without acc = 15%

e. Anti-Theft Discount	<u>5 - 15</u>	%
f. Other (specify) <u>Insurance Score Factor</u>	<u>-25 to +20</u>	%

6. Do you have an installment payment plan for automobile insurance? ☒ Yes ☐ No

If so, what is the fee for installment payments? \$5.00 per payment

7. Does your company utilize a tiered rating plan? ☒ Yes ☐ No

If so, list the programs and percentage difference and current volume for each plan:

Program	Percentage Difference	Volume
<u>AU - Personal Automobile</u>		<u>\$13,648,517</u>

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

DeeDee Williams

Printed Name

Asst. Analyst

Title

800-877-3579 ext. 1261

Telephone Number

dwilliams@colinsgrp.com

Email Address

SERFF Tracking #: CLBA-128635146

State Tracking #:

Company Tracking #: CMI-PAP-12-R01

State: Arkansas

Filing Company: Columbia Mutual Insurance Company

TOI/Sub-TOI: 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)

Product Name: Personal Automobile

Project Name/Number: Revised Rates / 2014 Model Year Factor /

Supporting Document Schedules

State: Arkansas**Filing Company:** Columbia Mutual Insurance Company**TOI/Sub-TOI:** 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)**Product Name:** Personal Automobile**Project Name/Number:** Revised Rates / 2014 Model Year Factor /

Attachment APCS Form.xls is not a PDF document and cannot be reproduced here.

Private Passenger Auto Premium Comparision Survey Form

FORM APCS - last modified May 2012

NAIC Number: 40371
 Company Name: Columbia Mutual Insurance Company
 Contact Person: DeeDee Williams
 Telephone No.: 573-474-6193 x1261
 Email Address: dwilliams@collinsgrp.com
 Effective Date: 10-1-12 new and 12-1-12 renewal

DISCOUNTS OFFERED:

PASSIVE RESTRAINT/AIRBAG 20-30 %
 AUTO/HOMEOWNERS 10 %
 GOOD STUDENT 7.7-16 %
 ANTI-THEFT DEVICE 5-15 %
 Over 55 Defensive Driver Discount 10 %
 \$250/\$500 Deductible Comp./Coll. 17comp - 9coll %

Assumptions to Use:

- 1 Liability -Minimum \$25,000 per person
- 2 Bodily Injury \$50,000 per accident
\$25,000 per accident
- 3 Property Damage \$100 deductible per accident
- 4 Comprehensive & Collision \$250 deductible per accident
- 5 The insured has elected to accept:
Uninsured motorist property and bodily injury equal to liability coverage
Underinsured bodily injury equal to liability coverage
- 6 Personal Injury Protection of \$5,000 for medical, loss wages according to statute and \$5,000 accidental death
- 7 If male and female rates are different, use the highest of the two

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a compact disk

			Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
			Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66
Vehicle	Coverages	Gender Age	18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66
2008 4.8L Chevrolet Silverado 1500 "LS" regular cab 119" WB	Minimum Liability		\$600	\$754	\$228	\$196	\$544	\$682	\$209	\$179	\$783	\$987	\$291	\$249	\$544	\$682	\$209	\$179	\$669	\$843	\$252	\$217
	Minimum Liability with Comprehensive and Collision		\$1,647	\$2,083	\$590	\$505	\$1,671	\$2,112	\$598	\$511	\$1,970	\$2,493	\$701	\$598	\$1,671	\$2,112	\$598	\$511	\$1,708	\$2,162	\$611	\$522
	100/300/50 Liability with Comprehensive and Collision		\$1,686	\$2,134	\$603	\$515	\$1,704	\$2,156	\$608	\$518	\$2,044	\$2,587	\$727	\$619	\$1,704	\$2,156	\$608	\$518	\$1,760	\$2,227	\$629	\$534
2009Ford Explorer "XLT" 2WD, 4 door	Minimum Liability		\$583	\$732	\$222	\$191	\$528	\$663	\$204	\$174	\$760	\$958	\$283	\$242	\$528	\$663	\$204	\$174	\$649	\$819	\$246	\$211
	Minimum Liability with Comprehensive and Collision		\$1,586	\$2,006	\$567	\$483	\$1,608	\$2,033	\$578	\$490	\$1,898	\$2,403	\$676	\$577	\$1,608	\$2,033	\$578	\$490	\$1,645	\$2,082	\$589	\$503
	100/300/50 Liability with Comprehensive and Collision		\$1,623	\$2,054	\$581	\$496	\$1,640	\$2,075	\$587	\$499	\$1,969	\$2,493	\$700	\$598	\$1,640	\$2,075	\$587	\$499	\$1,694	\$2,143	\$604	\$514
2010 Honda Odyssey "EX"	Minimum Liability		\$583	\$732	\$222	\$191	\$528	\$663	\$204	\$174	\$760	\$958	\$283	\$242	\$528	\$663	\$204	\$174	\$649	\$819	\$246	\$211
	Minimum Liability with Comprehensive and Collision		\$1,788	\$2,260	\$637	\$544	\$1,821	\$2,304	\$651	\$554	\$2,117	\$2,682	\$753	\$642	\$1,821	\$2,304	\$651	\$554	\$1,841	\$2,329	\$657	\$560
	100/300/50 Liability with Comprehensive and Collision		\$1,818	\$2,300	\$649	\$554	\$1,845	\$2,336	\$659	\$561	\$2,182	\$2,762	\$774	\$662	\$1,845	\$2,336	\$659	\$561	\$1,883	\$2,383	\$670	\$571
2011 Toyota Camry 2.5L 4 door Sedan	Minimum Liability		\$583	\$732	\$222	\$191	\$528	\$663	\$204	\$174	\$760	\$958	\$283	\$242	\$528	\$663	\$204	\$174	\$649	\$819	\$246	\$211
	Minimum Liability with Comprehensive and Collision		\$1,930	\$2,443	\$687	\$585	\$1,976	\$2,500	\$705	\$599	\$2,288	\$2,898	\$811	\$691	\$1,976	\$2,500	\$705	\$599	\$1,989	\$2,518	\$708	\$604
	100/300/50 Liability with Comprehensive and Collision		\$1,957	\$2,477	\$697	\$594	\$1,996	\$2,527	\$710	\$604	\$2,346	\$2,971	\$830	\$708	\$1,996	\$2,527	\$710	\$604	\$2,027	\$2,566	\$720	\$613
2011 Cadillac Seville "CTS" AWD WAG 4 door 3.0L	Minimum Liability		\$583	\$732	\$222	\$191	\$528	\$663	\$204	\$174	\$760	\$958	\$283	\$242	\$528	\$663	\$204	\$174	\$649	\$819	\$246	\$211
	Minimum Liability with Comprehensive and Collision		\$2,502	\$3,169	\$886	\$753	\$2,588	\$3,278	\$917	\$780	\$2,927	\$3,708	\$1,033	\$878	\$2,588	\$3,278	\$917	\$780	\$2,551	\$3,232	\$902	\$770
	100/300/50 Liability with Comprehensive and Collision		\$2,510	\$3,179	\$888	\$757	\$2,587	\$3,279	\$915	\$779	\$2,965	\$3,755	\$1,045	\$890	\$2,587	\$3,279	\$915	\$779	\$2,572	\$3,256	\$908	\$773
2010 Hyundai Santa Fe SE 4x2	Minimum Liability		\$600	\$754	\$228	\$196	\$544	\$682	\$209	\$179	\$783	\$987	\$291	\$249	\$544	\$682	\$209	\$179	\$669	\$843	\$252	\$217
	Minimum Liability with Comprehensive and Collision		\$1,929	\$2,441	\$687	\$587	\$1,971	\$2,495	\$702	\$599	\$2,284	\$2,892	\$810	\$691	\$1,971	\$2,495	\$702	\$599	\$1,985	\$2,513	\$708	\$604
	100/300/50 Liability with Comprehensive and Collision		\$1,960	\$2,480	\$697	\$594	\$1,996	\$2,526	\$710	\$603	\$2,349	\$2,972	\$832	\$710	\$1,996	\$2,526	\$710	\$603	\$2,028	\$2,567	\$721	\$613

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	CMI-PAP-12-R01
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	N/A
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Company Name		Company NAIC Number	
3.	A. Columbia Mutual Insurance Company	B.	40371

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)	
4.	A. 19.0 Personal Auto	B.	19.0001 Private Passenger Auto (PPA)

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Personal Automobile - AU Program	+3.7	+3.7%	0	0	0	0	0
TOTAL OVERALL EFFECT	+3.7%	+3.7%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	2,129	0%		819	617	75.0%	96.0%
2008	13,452	3.07%	11-1-08	9,453	6,539	69.2%	74.9%
2009	13,634	0	0	14,767	9,507	64.4%	70.0%
2010	13,413	0	0	14,404	8,584	59.6%	67.3%
2011	12,942	-3.05%	11-1-11	13,825	8,901	64.4%	72.6%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, Licenses & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. N/A Apply Loss Cost Factors to Future filings? (Y or N)

9. +18.9% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. +0.7% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

ARKANSAS
PRIVATE PASSENGER AUTO
SEMI-ANNUAL KEY PREMIUMS

LIABILITY

Territory	\$25,000/50,000 Bodily Injury Liability	\$25,000 Property Damage Liability
1	124	145
3	82	113
5	93	121
6	94	129
8	83	104
9	81	103
10	82	109
11	78	94

ARKANSAS
PRIVATE PASSENGER AUTO
SEMI-ANNUAL KEY PREMIUMS

LIABILITY

Territory	\$25,000/50,000 Bodily Injury Liability	\$25,000 Property Damage Liability
1	128	136
3	85	106
5	96	114
6	97	121
8	86	98
9	84	97
10	85	103
11	80	88

ARKANSAS
PRIVATE PASSENGER AUTO
SEMI-ANNUAL KEY PREMIUMS

COMPREHENSIVE AND COLLISION

Symbol 7 - 1989 and Prior Model Years
Symbol 2 - 1990 and Subsequent Model Years

Territory	\$100 Deductible Comprehensive	\$250 Deductible Collision
1	175	343
3	186	272
5	257	311
6	173	282
8	235	305
9	233	310
10	143	264
11	200	291

ARKANSAS
PRIVATE PASSENGER AUTO
SEMI-ANNUAL KEY PREMIUMS

COMPREHENSIVE AND COLLISION

Symbol 7 - 1989 and Prior Model Years
Symbol 2 - 1990 and Subsequent Model Years

Territory	\$100 Deductible Comprehensive	\$250 Deductible Collision
1	175	330
3	186	262
5	257	299
6	173	271
8	235	293
9	233	298
10	143	254
11	200	280

ARKANSAS
PRIVATE PASSENGER AUTO
SEMI-ANNUAL KEY PREMIUMS

MISCELLANEOUS COVERAGES

Territory	Med Pay \$1,000	UM-BI 25/50	UM-PD 25	UIM 25/50	Acc Death \$5,000	Work Loss	Road Asst 15/\$50	Rental Reimb \$30/\$900
1	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
3	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
5	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
6	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
8	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
9	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
10	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27
11	\$18	\$12	\$13	\$10	\$5	\$5	\$7	\$27

Med Pay Factors		Uninsured Motorists Factors				Underinsured Motorists Factors			
		BI		PD					
		Single	Multi	Single	Multi				
\$ 2,000	1.7			1.00	0.80	25/50	1.00	0.80	
\$ 5,000	2.7	25/50	1.00	1.10	0.88	50/100	1.20	0.96	
\$ 10,000	3.46	50/100	1.25	1.20	0.96	100/200	1.90	1.52	
\$ 25,000	4.52	100/200	1.60			100/300	2.00	1.60	
\$ 50,000	5.26	100/300	1.75			250/500	2.40	1.92	
\$ 75,000	5.5	250/500	2.00						
\$ 100,000	5.58								
Roadside Assist Factors		Rental Reimb Factors							
15/\$50	1.00	\$20/\$600	N/A						
35/\$100	1.57	\$30/\$900	1.00						
35/\$200	2.85	\$40/\$1200	1.19						
		\$50/\$1500	1.37						

ARKANSAS
PRIVATE PASSENGER AUTO
SEMI-ANNUAL KEY PREMIUMS

MISCELLANEOUS COVERAGES

Territory	Med Pay \$1,000	UM-BI 25/50	UM-PD 25	UIM 25/50	Acc Death \$5,000	Work Loss	Road Asst 15/\$50	Rental Reimb \$30/\$900
1	\$19	\$12	\$12	\$10	\$5	\$5	\$7	\$27
3	\$19	\$12	\$12	\$10	\$5	\$5	\$7	\$27
5	\$19	\$12	\$12	\$10	\$5	\$5	\$7	\$27
6	\$19	\$12	\$12	\$10	\$5	\$5	\$7	\$27
8	\$19	\$12	\$12	\$10	\$5	\$5	\$7	\$27
9	\$19	\$12	\$12	\$10	\$5	\$5	\$7	\$27
10	\$19	\$12	\$12	\$10	\$5	\$5	\$7	\$27
11	\$19	\$12	\$12	\$10	\$5	\$5	\$7	\$27

Med Pay Factors		Uninsured Motorists Factors				Underinsured Motorists Factors			
		BI		PD					
		Single	Multi	Single	Multi				
\$ 2,000	1.57	25/50	1.00	0.80	1.00	0.80	25/50	1.00	0.80
\$ 5,000	2.41	50/100	1.25	1.00	1.10	0.88	50/100	1.20	0.96
\$ 10,000	3.16	100/200	1.60	1.28	1.20	0.96	100/200	1.90	1.52
\$ 25,000	4.15	100/300	1.75	1.40			100/300	2.00	1.60
\$ 50,000	4.93	250/500	2.00	1.60			250/500	2.40	1.92
\$ 75,000	5.23								
\$ 100,000	5.35								
Roadside Assist Factors		Rental Reimb Factors							
15/\$50	1.00	\$20/\$600	N/A						
35/\$100	1.57	\$30/\$900	1.00						
35/\$200	2.85	\$40/\$1200	1.19						
		\$50/\$1500	1.37						

ARKANSAS
PRIVATE PASSENGER AUTO
21 SYMBOL TABLE
OF
PHYSICAL DAMAGE RELATIVITY
FOR
1989 AND PRIOR MODEL YEARS

Model Year	Comprehensive Factor	Collision Factor	Symbol	\$100 Deductible Comprehensive Factor	\$250 Deductible Collision Factor
All	.51	.42	1-4	.21	.42
			5	.25	.52
			6	.38	.62
			7	.49	.70
			8	.64	.80
			10	.80	.88
			11	.96	.97
			12	1.14	1.07
			13	1.37	1.18
			14	1.64	1.32
			15	1.95	1.48
			16	2.27	1.65
			17	2.64	1.80
			18	3.06	1.94
			19	3.55	2.11
			20	4.14	2.32
			21	5.17	2.71

NOTE: Base Premium = Symbol Factor X Key Premium (Rounded) X Model Year Factor (Rounded).
Rounding is to three (3) decimals.

ARKANSAS
PRIVATE PASSENGER AUTO
21 SYMBOL TABLE
OF
PHYSICAL DAMAGE RELATIVITY
FOR
1989 AND PRIOR MODEL YEARS

Model Year	Comprehensive Factor	Collision Factor	Symbol	\$100 Deductible Comprehensive Factor	\$250 Deductible Collision Factor
All	.51	.42	1-4	.21	.42
			5	.25	.52
			6	.38	.62
			7	.49	.70
			8	.64	.80
			10	.80	.88
			11	.96	.97
			12	1.14	1.07
			13	1.37	1.18
			14	1.64	1.32
			15	1.95	1.48
			16	2.27	1.65
			17	2.64	1.80
			18	3.06	1.94
			19	3.55	2.11
			20	4.14	2.32
			21	5.17	2.71

NOTE: Base Premium = Symbol Factor X Key Premium (Rounded) X Model Year Factor (Rounded).
Rounding is to three (3) decimals.

ARKANSAS
PRIVATE PASSENGER AUTO
27 SYMBOL TABLE
OF
PHYSICAL DAMAGE RELATIVITY
FOR
1990 THROUGH 2010 MODEL YEARS

Model Year	Comprehensive Factor	Collision Factor	Symbol	\$100 Deductible Comprehensive Factor	\$250 Deductible Collision Factor
2010	1.00	1.00	1	.38	.62
2009	.95	.95	2	.49	.70
2008	.90	.90	3	.59	.77
2007	.86	.86	4	.67	.82
2006	.82	.82	5	.75	.86
2005	.78	.77	6	.84	.90
2004	.74	.72	7	.92	.95
2003	.70	.68	8	1.00	1.00
2002	.66	.62	10	1.09	1.05
2001	.63	.57	11	1.20	1.10
2000	.61	.54	12	1.31	1.15
1999	.57	.51	13	1.43	1.21
1998	.54	.48	14	1.56	1.28
1997 - 1990	.49	.42	15	1.72	1.37
			16	1.87	1.44
			17	2.02	1.52
			18	2.16	1.60
			19	2.34	1.68
			20	2.54	1.76
			21	2.77	1.84
			22	3.06	1.94
			23	3.37	2.05
			24	3.83	2.21
			25	4.49	2.46
			26	5.17	2.71
			27	(a)	(b)

(a) Add 1.50 to symbol 26 relativity for each \$10,000 or part thereof above \$80,000.

(b) Add 0.50 to symbol 26 relativity for each \$10,000 or part thereof above \$80,000.

NOTE: Base Premium = Symbol Factor X Key Premium (Rounded) X Model Year Factor (Rounded).
Rounding is to three (3) decimals.

ARKANSAS
PRIVATE PASSENGER AUTO
27 SYMBOL TABLE
OF
PHYSICAL DAMAGE RELATIVITY
FOR
1990 THROUGH 2010 MODEL YEARS

Model Year	Comprehensive Factor	Collision Factor	Symbol	\$100 Deductible Comprehensive Factor	\$250 Deductible Collision Factor
2010	1.00	1.00	1	.38	.62
2009	.95	.95	2	.49	.70
2008	.90	.90	3	.59	.77
2007	.86	.86	4	.67	.82
2006	.82	.82	5	.75	.86
2005	.78	.77	6	.84	.90
2004	.74	.72	7	.92	.95
2003	.70	.68	8	1.00	1.00
2002	.66	.62	10	1.09	1.05
2001	.63	.57	11	1.20	1.10
2000	.61	.54	12	1.31	1.15
1999	.57	.51	13	1.43	1.21
1998	.54	.48	14	1.56	1.28
1997 - 1990	.49	.42	15	1.72	1.37
			16	1.87	1.44
			17	2.02	1.52
			18	2.16	1.60
			19	2.34	1.68
			20	2.54	1.76
			21	2.77	1.84
			22	3.06	1.94
			23	3.37	2.05
			24	3.83	2.21
			25	4.49	2.46
			26	5.17	2.71
			27	(a)	(b)

(a) Add 1.50 to symbol 26 relativity for each \$10,000 or part thereof above \$80,000.

(b) Add 0.50 to symbol 26 relativity for each \$10,000 or part thereof above \$80,000.

NOTE: Base Premium = Symbol Factor X Key Premium (Rounded) X Model Year Factor (Rounded).
Rounding is to three (3) decimals.

ARKANSAS
PRIVATE PASSENGER AUTO
27 SYMBOL TABLE
OF
PHYSICAL DAMAGE RELATIVITY
FOR
2011 MODEL YEAR AND SUBSEQUENT

Model Year	Comprehensive Factor	Collision Factor	Symbol	\$100 Deductible		\$250 Deductible		\$100 Deductible		\$250 Deductible	
				Comprehensive Factor	Collision Factor	Comprehensive Factor	Collision Factor	Comprehensive Factor	Collision Factor	Comprehensive Factor	Collision Factor
2014	1.16	1.16	1	.31	.44	39		2.45		1.72	
2013	1.10	1.10	2	.38	.55	40		2.52		1.75	
2012	1.05	1.05	3	.47	.67	41		2.58		1.77	
2011	1.00	1.00	4	.58	.77	42		2.65		1.80	
			5	.66	.82	43		2.71		1.82	
			6	.73	.85	44		2.78		1.84	
			7	.81	.88	45		2.84		1.86	
			8	.87	.92	46		2.91		1.89	
			10	.94	.96	47		2.99		1.92	
			11	1.00	1.00	48		3.07		1.94	
			12	1.06	1.03	49		3.15		1.97	
			13	1.11	1.06	50		3.22		2.00	
			14	1.16	1.08	51		3.30		2.03	
			15	1.22	1.11	52		3.38		2.05	
			16	1.27	1.13	53		3.45		2.08	
			17	1.33	1.16	54		3.57		2.12	
			18	1.39	1.19	55		3.72		2.17	
			19	1.44	1.22	56		3.88		2.23	
			20	1.49	1.24	57		4.04		2.29	
			21	1.54	1.27	58		4.29		2.39	
			22	1.59	1.30	59		4.62		2.51	
			23	1.64	1.33	60		4.96		2.63	
			24	1.69	1.35	61		5.31		2.78	
			25	1.74	1.38	62		5.67		2.96	
			26	1.78	1.40	63		6.04		3.13	
			27	1.83	1.42	64		6.41		3.31	
			28	1.88	1.45	65		6.77		3.48	
			29	1.92	1.47	66		7.32		3.74	
			30	1.97	1.50	67		8.06		4.09	
			31	2.02	1.52	68		8.79		4.44	
			32	2.06	1.54	69		9.52		4.79	
			33	2.10	1.57	70		10.26		5.13	
			34	2.15	1.59	71		11.00		5.48	
			35	2.19	1.61	72		11.74		5.83	
			36	2.25	1.64	73		12.48		6.18	
			37	2.32	1.67	74		13.22		6.53	
			38	2.39	1.70	75		13.96		6.88	
						98		(a)		(b)	

(a) Add .74 to symbol 75 for each \$10,000 or part thereof above \$150,000.

(b) Add .35 to symbol 75 for each \$10,000 or part thereof above \$150,000.

NOTE: Base Premium = Symbol Factor X Key Premium (Rounded) X Model Year Factor (Rounded). Rounding is to three (3) decimals.

ARKANSAS
PRIVATE PASSENGER AUTO
27 SYMBOL TABLE
OF
PHYSICAL DAMAGE RELATIVITY
FOR
2011 MODEL YEAR AND SUBSEQUENT

Model Year	Comprehensive Factor	Collision Factor	Symbol	\$100 Deductible		\$250 Deductible		\$100 Deductible		\$250 Deductible	
				Comprehensive Factor	Collision Factor	Comprehensive Factor	Collision Factor	Comprehensive Factor	Collision Factor	Comprehensive Factor	Collision Factor
2013	1.10	1.10	1	.31	.44	39		2.45		1.72	
2012	1.05	1.05	2	.38	.55	40		2.52		1.75	
2011	1.00	1.00	3	.47	.67	41		2.58		1.77	
			4	.58	.77	42		2.65		1.80	
			5	.66	.82	43		2.71		1.82	
			6	.73	.85	44		2.78		1.84	
			7	.81	.88	45		2.84		1.86	
			8	.87	.92	46		2.91		1.89	
			10	.94	.96	47		2.99		1.92	
			11	1.00	1.00	48		3.07		1.94	
			12	1.06	1.03	49		3.15		1.97	
			13	1.11	1.06	50		3.22		2.00	
			14	1.16	1.08	51		3.30		2.03	
			15	1.22	1.11	52		3.38		2.05	
			16	1.27	1.13	53		3.45		2.08	
			17	1.33	1.16	54		3.57		2.12	
			18	1.39	1.19	55		3.72		2.17	
			19	1.44	1.22	56		3.88		2.23	
			20	1.49	1.24	57		4.04		2.29	
			21	1.54	1.27	58		4.29		2.39	
			22	1.59	1.30	59		4.62		2.51	
			23	1.64	1.33	60		4.96		2.63	
			24	1.69	1.35	61		5.31		2.78	
			25	1.74	1.38	62		5.67		2.96	
			26	1.78	1.40	63		6.04		3.13	
			27	1.83	1.42	64		6.41		3.31	
			28	1.88	1.45	65		6.77		3.48	
			29	1.92	1.47	66		7.32		3.74	
			30	1.97	1.50	67		8.06		4.09	
			31	2.02	1.52	68		8.79		4.44	
			32	2.06	1.54	69		9.52		4.79	
			33	2.10	1.57	70		10.26		5.13	
			34	2.15	1.59	71		11.00		5.48	
			35	2.19	1.61	72		11.74		5.83	
			36	2.25	1.64	73		12.48		6.18	
			37	2.32	1.67	74		13.22		6.53	
			38	2.39	1.70	75		13.96		6.88	
						98		(a)		(b)	

(a) Add .74 to symbol 75 for each \$10,000 or part thereof above \$150,000.

(b) Add .35 to symbol 75 for each \$10,000 or part thereof above \$150,000.

NOTE: Base Premium = Symbol Factor X Key Premium (Rounded) X Model Year Factor (Rounded). Rounding is to three (3) decimals.

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

OPTIONS/INCREASED LIMITS FACTORS

MISCELLANEOUS OPTIONS FACTORS

DEDUCTIBLES

1. Deductible Liability insurance is not available for automobiles classified and rated in accordance with the rules of this manual.
2. Comprehensive Deductibles:
 - \$ 100 Deductible = 1.00 of the \$100 Deductible Comprehensive Premium
 - \$ 250 Deductible = .83 of the \$100 Deductible Comprehensive Premium
 - \$ 500 Deductible = .66 of the \$100 Deductible Comprehensive Premium
 - \$1,000 Deductible = .49 of the \$100 Deductible Comprehensive Premium
 - \$2,500 Deductible = .45 of the \$100 Deductible Comprehensive Premium
3. Collision Deductibles:
 - \$ 250 Deductible = 1.00 of the \$250 Deductible Collision Premium
 - \$ 500 Deductible = .91 of the \$250 Deductible Collision Premium
 - \$1,000 Deductible = .76 of the \$250 Deductible Collision Premium
 - \$2,500 Deductible = .60 of the \$250 Deductible Collision Premium

BODILY INJURY AND PROPERTY DAMAGE LIABILITY

INCREASED LIMITS

For higher limits, multiply the 25,000/50,000 BI and 25,000 PD premiums for the applicable territory times the factor shown for the desired limit. The minimum split liability limits that satisfy Arkansas financial responsibility requirements are \$25,000/50,000/25,000.

SPLIT LIMITS

<u>BODILY INJURY</u>		<u>PROPERTY DAMAGE</u>	
25,000/50,000	- 1.00	25,000	- 1.00 <u>1.12</u>
50,000/100,000	- 1.24 <u>1.27</u>	50,000	- 1.03 <u>1.19</u>
100,000/200,000	- 1.44 <u>1.58</u>	100,000	- 1.08 <u>1.25</u>
100,000/300,000	- 1.45 <u>1.59</u>	250,000	- 1.16 <u>1.34</u>
250,000/500,000	- 1.63 <u>2.05</u>		

<u>UNINSURED MOTORISTS-BI</u>			<u>UNINSURED MOTORISTS-PD</u>			<u>UNDERINSURED MOTORISTS</u>		
	Single	Multi		Single	Multi		Single	Multi
25/50	1.00	0.80	25	1.00	0.80	25/50	1.00	0.80
50/100	1.25	1.00	50	1.10	0.88	50/100	1.20	0.96
100/200	1.60	1.28	100	1.20	0.96	100/200	1.90	1.52
100/300	1.75	1.40				100/300	2.00	1.60
250/500	2.00	1.60				250/500	2.40	1.92

MEDICAL PAY

INCREASED LIMITS

\$2,000	1.57 <u>1.70</u>
\$5,000	2.41 <u>2.70</u>
\$10,000	3.16 <u>3.46</u>
\$25,000	4.15 <u>4.52</u>

ARKANSAS PERSONAL AUTO ACTUARIAL REVIEW

Statewide Rate Level Change Calculations

(Data as of 12/31/2011)

Exhibit A								
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
Coverage	Year	Trended Premium	Trended Loss & LAE	Trended Loss Ratio	Target Loss Ratio	Preliminary Indication	Credibility	Indicated Change
BI	2006	0	0	0.0%	67.9%	3.1%	40%	1.2%
	2007	191,732	168,561	87.9%				
	2008	2,168,726	1,652,955	76.2%				
	2009	3,261,285	2,702,883	82.9%				
	2010	3,113,951	1,917,954	61.6%				
	2011	2,961,953	1,742,384	58.8%				
		11,697,645	8,184,737	70.0%				
PD	2006	0	0	0.0%	67.9%	11.4%	100%	11.4%
	2007	199,391	214,800	107.7%				
	2008	2,247,981	1,758,977	78.2%				
	2009	3,377,048	2,608,094	77.2%				
	2010	3,224,570	2,214,319	68.7%				
	2011	3,067,039	2,361,923	77.0%				
		12,116,029	9,158,112	75.6%				
Medical	2006	0	0	0.0%	67.9%	17.6%	40%	7.0%
	2007	34,017	12,988	38.2%				
	2008	423,814	279,859	66.0%				
	2009	643,882	472,950	73.5%				
	2010	607,774	496,830	81.7%				
	2011	570,693	556,542	97.5%				
		2,280,181	1,819,168	79.8%				
UM BI	2006	0	0	0.0%	67.9%	-9.4%	10%	-0.9%
	2007	20,490	0	0.0%				
	2008	239,986	151,150	63.0%				
	2009	373,313	270,820	72.5%				
	2010	367,381	242,164	65.9%				
	2011	356,846	170,552	47.8%				
		1,358,016	834,686	61.5%				

ARKANSAS PERSONAL AUTO ACTUARIAL REVIEW

Statewide Rate Level Change Calculations

(Data as of 12/31/2011)

		Exhibit A						
Coverage	Year	(1) Trended Premium	(2) Trended Loss & LAE	(3) Trended Loss Ratio	(4) Target Loss Ratio	(5) Preliminary Indication	(6) Credibility	(7) Indicated Change
UM PD	2006	0	0	0.0%	67.9%	25.2%	40%	10.1%
	2007	18,349	21,287	116.0%				
	2008	210,525	193,645	92.0%				
	2009	326,168	285,692	87.6%				
	2010	322,163	232,193	72.1%				
	2011	314,218	279,463	88.9%				
		<u>1,191,423</u>	<u>1,012,280</u>	<u>85.0%</u>				
UIM BI	2006	0	0	0.0%	67.9%	33.3%	10%	3.3%
	2007	14,978	0	0.0%				
	2008	158,468	88,435	55.8%				
	2009	247,807	300,586	121.3%				
	2010	245,636	341,048	138.8%				
	2011	239,339	90,011	37.6%				
		<u>906,229</u>	<u>820,081</u>	<u>90.5%</u>				
Comp	2006	0	0	0.0%	67.9%	-0.3%	100%	-0.3%
	2007	155,818	87,287	56.0%				
	2008	1,863,723	1,386,046	74.4%				
	2009	2,848,866	2,097,338	73.6%				
	2010	2,698,920	1,479,923	54.8%				
	2011	2,549,846	1,797,476	70.5%				
		<u>10,117,174</u>	<u>6,848,070</u>	<u>67.7%</u>				
Coll	2006	0	0	0.0%	67.9%	4.6%	100%	4.6%
	2007	221,367	166,677	75.3%				
	2008	2,636,214	1,651,175	62.6%				
	2009	4,016,954	2,528,287	62.9%				
	2010	3,913,258	2,900,434	74.1%				
	2011	3,752,414	3,066,952	81.7%				
		<u>14,540,207</u>	<u>10,313,526</u>	<u>70.9%</u>				

ARKANSAS PERSONAL AUTO ACTUARIAL REVIEW

Statewide Rate Level Change Calculations

(Data as of 12/31/2011)

		Exhibit A						
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
Coverage	Year	Trended Premium	Trended Loss & LAE	Trended Loss Ratio	Target Loss Ratio	Preliminary Indication	Credibility	Indicated Change
Misc ***	2006	0	0	0.0%	67.9%	-66.3%	50%	-33.1%
	2007	18,260	9,476	51.9%				
	2008	194,029	95,773	49.4%				
	2009	310,990	81,259	26.1%				
	2010	310,308	44,391	14.3%				
	2011	302,615	29,002	9.6%				
		1,136,203	259,901	22.9%				
					Overall	4.5%		3.7%

Exhibit B Target Loss Ratios

Commission	12.6%
OAE	6.7%
General	3.8%
TLF	2.6%
(8) Profit	4.4%
(9) Contingency	2.1%
Total Expenses	32.1%
Target Ratio	67.9%

*** - Misc includes miscellaneous coverages such as Accidental Death, Work Loss, Rental Reimbursement, Towing, etc.

(1) Premium is brought to the current rate level. Also, physical damage premium is adjusted using model year and symbol trend factors from ISO.

(2) Accident year incurred loss and LAE are combined and trended to the midpoint of the experience period. The loss trend factors used are derived from ISO fitted claim cost curves, ISO fitted claim frequency curves, and fitted CIG severity. Also, incurred loss and LAE are developed to an ultimate settlement basis by applying loss development factors derived from CIG data.

(3) (2) / (1)

(4) See Exhibit B

(5) [(3) / (4)] - 1. The preliminary indications for Comp and Coll are multiplied by offset factors to change model year and symbol to a 2011 base with no premium revenue effect. The overall preliminary indication is calculated by taking the preliminary indication for each coverage weighted by written premium at the current rate level for 2011.

(6) See Exhibit C

(7) [(6) * (5)] + [1 - (6)] * (Status Quo).

(8) Profit equals underwriting profit less investment income.

(9) Contingency is the expected cost of risk transfer due to reinsurance.

ARKANSAS PERSONAL AUTO ACTUARIAL REVIEW

Exhibit C

Indicated rate changes are weighted in accordance with the following:

<u>Credibility</u>	<u>Determination of Coverage & Territory Credibility (A)(B)</u>
0	0 - 29
.10	30 - 119
.20	120 - 269
.30	270 - 479
.40	480 - 749
.50	750 - 1,079
.60	1,080 - 1,469
.70	1,470 - 1,919
.80	1,920 - 2,429
.90	2,430 - 2,999
1.00	3,000 or more

(A) Coverage credibility is based on the number of claims for January 2006 through December 2011 for each coverage.

(B) Territory credibility is based on the number of claims for January 2006 through December 2011 for each territory.

State:	Arkansas	Filing Company:	Columbia Mutual Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)		
Product Name:	Personal Automobile		
Project Name/Number:	Revised Rates / 2014 Model Year Factor /		

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/13/2012	Supporting Document	NAIC loss cost data entry document	08/21/2012	RF-1 Form.pdf (Superceded)
08/13/2012	Supporting Document	APCS-Auto Premium Comparison Survey	08/21/2012	APCS Form.pdf (Superceded) APCS Form.xls (Superceded)
08/13/2012	Supporting Document	NAIC loss cost data entry document	08/13/2012	RF-1 Form.pdf (Superceded)

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	CMI-PAP-12-R01
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	N/A
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Company Name		Company NAIC Number	
3.	A. Columbia Mutual Insurance Company	B.	40371

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)	
4.	A. 19.0 Personal Auto	B.	19.0001 Private Passenger Auto (PPA)

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Personal Automobile - AU Program	+3.7	+3.7%	0	0	0	0	0
TOTAL OVERALL EFFECT	+3.7%	+3.7%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	2,129	0%		819	617	75.0%	96.0%
2008	13,452	3.07%	11-1-08	9,453	6,539	69.2%	74.9%
2009	13,634	0	0	14,767	9,507	64.4%	70.0%
2010	13,413	0	0	14,404	8,584	59.6%	67.3%
2011	12,942	-3.05%	11-1-11	13,825	8,901	64.4%	72.6%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, Licenses & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. N/A Apply Loss Cost Factors to Future filings? (Y or N)

9. +29.0% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. -0.7% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

Private Passenger Auto Premium Comparison Survey Form

FORM APCS - last modified August 2005

NAIC Number: 40371
 Company Name: Columbia Mutual Insurance Company
 Contact Person: DeeDee Williams
 Telephone No.: 573-474-6193 x1261
 Email Address: dwilliams@colinsgrp.com
 Effective Date: 10/1/12 new and 12/1/12 renewals

Assumptions to Use:

- 1 Liability -Minimum \$25,000 per person
- 2 Bodily Injury \$50,000 per accident
\$25,000 per accident
- 3 Property Damage \$100 deductible per accident
- 4 Comprehensive & Collision \$250 deductible per accident
- 5 The insured has elected to accept:
Uninsured motorist property and bodily injury equal to liability coverage
Underinsured bodily injury equal to liability coverage
- 6 Personal Injury Protection of \$5,000 for medical, loss wages according to statute and \$5,000 accidental death
- 7 If male and female rates are different, use the highest of the two

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800

Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a compact disk

DISCOUNTS OFFERED:

PASSIVE RESTRAINT/AIRBAG	20-30	%
AUTO/HOMEOWNERS	10	%
GOOD STUDENT	7.7-16	%
ANTI-THEFT DEVICE	5-15	%
Over 55 Defensive Driver Discount	10	%
\$250/\$500 Deductible Comp./Coll.	17 comp - 9 col	%

Vehicle	Coverages	Gender	Age	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
				Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female
				18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66
1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability			\$600	\$754	\$228	\$196	\$544	\$682	\$209	\$179	\$783	\$987	\$291	\$249	\$544	\$682	\$209	\$179	\$669	\$843	\$252	\$217
	Minimum Liability with Comprehensive and Collision			\$1,132	\$1,428	\$411	\$353	\$1,118	\$1,410	\$407	\$347	\$1,382	\$1,747	\$498	\$426	\$1,118	\$1,410	\$407	\$347	\$1,193	\$1,509	\$434	\$372
	100/300/50 Liability with Comprehensive and Collision			\$1,187	\$1,499	\$430	\$368	\$1,168	\$1,476	\$423	\$360	\$1,476	\$1,865	\$530	\$453	\$1,168	\$1,476	\$423	\$360	\$1,262	\$1,595	\$457	\$388
2003 Ford Explorer "XL" 2WD, 4 door	Minimum Liability			\$596	\$748	\$226	\$196	\$541	\$679	\$208	\$179	\$773	\$974	\$287	\$247	\$541	\$679	\$208	\$179	\$662	\$835	\$250	\$216
	Minimum Liability with Comprehensive and Collision			\$1,359	\$1,718	\$488	\$420	\$1,367	\$1,726	\$492	\$422	\$1,638	\$2,073	\$585	\$501	\$1,367	\$1,726	\$492	\$422	\$1,423	\$1,799	\$511	\$439
	100/300/50 Liability with Comprehensive and Collision			\$1,404	\$1,775	\$504	\$434	\$1,406	\$1,779	\$504	\$432	\$1,718	\$2,173	\$612	\$526	\$1,406	\$1,779	\$504	\$432	\$1,480	\$1,869	\$529	\$453
2003 Honda Odyssey "EX"	Minimum Liability			\$583	\$732	\$222	\$191	\$528	\$663	\$204	\$174	\$760	\$958	\$283	\$242	\$528	\$663	\$204	\$174	\$649	\$819	\$246	\$211
	Minimum Liability with Comprehensive and Collision			\$1,299	\$1,641	\$469	\$400	\$1,303	\$1,643	\$471	\$400	\$1,573	\$1,990	\$564	\$480	\$1,303	\$1,643	\$471	\$400	\$1,360	\$1,720	\$491	\$420
	100/300/50 Liability with Comprehensive and Collision			\$1,346	\$1,701	\$485	\$415	\$1,343	\$1,699	\$483	\$412	\$1,655	\$2,093	\$592	\$505	\$1,343	\$1,699	\$483	\$412	\$1,419	\$1,793	\$509	\$435
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability			\$583	\$732	\$222	\$191	\$528	\$663	\$204	\$174	\$760	\$958	\$283	\$242	\$528	\$663	\$204	\$174	\$649	\$819	\$246	\$211
	Minimum Liability with Comprehensive and Collision			\$1,569	\$1,985	\$563	\$479	\$1,593	\$2,011	\$572	\$485	\$1,873	\$2,373	\$668	\$569	\$1,593	\$2,011	\$572	\$485	\$1,628	\$2,061	\$583	\$498
	100/300/50 Liability with Comprehensive and Collision			\$1,608	\$2,034	\$576	\$492	\$1,623	\$2,055	\$582	\$493	\$1,946	\$2,463	\$692	\$591	\$1,623	\$2,055	\$582	\$493	\$1,678	\$2,123	\$599	\$511
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability			\$583	\$732	\$222	\$191	\$528	\$663	\$204	\$174	\$760	\$958	\$283	\$242	\$528	\$663	\$204	\$174	\$649	\$819	\$246	\$211
	Minimum Liability with Comprehensive and Collision			\$1,677	\$2,121	\$599	\$512	\$1,702	\$2,152	\$609	\$519	\$1,979	\$2,506	\$704	\$600	\$1,702	\$2,152	\$609	\$519	\$1,727	\$2,184	\$616	\$527
	100/300/50 Liability with Comprehensive and Collision			\$1,712	\$2,165	\$612	\$523	\$1,729	\$2,189	\$619	\$526	\$2,049	\$2,592	\$727	\$622	\$1,729	\$2,189	\$619	\$526	\$1,773	\$2,243	\$631	\$539
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability			\$600	\$754	\$228	\$196	\$544	\$682	\$209	\$179	\$783	\$987	\$291	\$249	\$544	\$682	\$209	\$179	\$669	\$843	\$252	\$217
	Minimum Liability with Comprehensive and Collision			\$1,181	\$1,490	\$428	\$367	\$1,204	\$1,519	\$437	\$373	\$1,466	\$1,854	\$527	\$451	\$1,204	\$1,519	\$437	\$373	\$1,274	\$1,610	\$460	\$395
	100/300/50 Liability with Comprehensive and Collision			\$1,235	\$1,560	\$446	\$381	\$1,252	\$1,582	\$452	\$384	\$1,557	\$1,968	\$558	\$477	\$1,252	\$1,582	\$452	\$384	\$1,340	\$1,693	\$483	\$411

SERFF Tracking #: CLBA-128635146

State Tracking #:

Company Tracking #: CMI-PAP-12-R01

State: Arkansas

Filing Company: Columbia Mutual Insurance Company

TOI/Sub-TOI: 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)

Product Name: Personal Automobile

Project Name/Number: Revised Rates / 2014 Model Year Factor /

Superceded Schedule Items

State: Arkansas**Filing Company:** Columbia Mutual Insurance Company**TOI/Sub-TOI:** 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)**Product Name:** Personal Automobile**Project Name/Number:** Revised Rates / 2014 Model Year Factor /

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FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	CMI-PAP-12-R01
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	N/A
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Company Name		Company NAIC Number	
3.	A. Columbia Mutual Insurance Company	B.	40371

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)	
4.	A. 19.0 Personal Auto	B.	19.0001 Private Passenger Auto (PPA)

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Personal Automobile - AU Program	+3.7	+10.0%	0	0	0	0	0
TOTAL OVERALL EFFECT	+3.7%	+10.0%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	2,129	0%		819	617	75.0%	96.0%
2008	13,452	3.07%	11-1-08	9,453	6,539	69.2%	74.9%
2009	13,634	0	0	14,767	9,507	64.4%	70.0%
2010	13,413	0	0	14,404	8,584	59.6%	67.3%
2011	12,942	-3.05%	11-1-11	13,825	8,901	64.4%	72.6%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, Licenses & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. N/A Apply Loss Cost Factors to Future filings? (Y or N)

9. +29.0% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. -0.7% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____